



REQUEST FOR TRANSFER BETWEEN SERIES

Fiscal Year:

Fund Name:

Purpose:

For use to transfer budget between series (i.e. Personal Services to Other Services) within a fund. Requires Council approval.

<i>Transfer From:</i>		AMOUNT IN WHOLE DOLLARS	
ACCOUNT NUMBER	ACCOUNT DESCRIPTION	REQUESTED	APPROVED

<i>Transfer To:</i>		AMOUNT IN WHOLE DOLLARS	
ACCOUNT NUMBER	ACCOUNT DESCRIPTION	REQUESTED	APPROVED

COUNCIL REPRESENTATIVES:

1)

2)

EXPLANATION OF REQUEST:

Date stamped "On Receipt"
by County Auditor's Office

DEPARTMENT: _____

SIGNATURE: _____

DATE: _____

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